

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001971393)))



H130001971393ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450 Fax Number : (305)423-3979

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EMAIL Address: antew@123/umpsum.com

SEP -5 AM 10: 46 BORETARY OF STATE LLAHASSEE FLORIBA LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 123CASHYOURCHECK, LLC

Certificate of Status	0
Certified Copy	Ö
Page Count	04
Estimated Charge	\$25.00

EUNCHANT OF JULY 34

Electronic Filing Menu

Corporate Filing Menu

Help B. BOSTICK

SEP 0 6 2013

EXAMINER 9/5/2013

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

123CASHYOURCHECK, LLC		
(Name of the Limited Liability (A Florida)	v Company as it now appears on our recor Limited Liability Company)	(18 <u>.)</u> ,
The Articles of Organization for this Limited Liability C Florida document number L0900008086	Company were filed on 01/26/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Structured Asset Ventures IV, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		A N
		27. 1
Enter new mailing address, if applicable:		352
(Mailing address MAY BE A POST OFFICE BOX)		(7)-7

		02.1
B. If amending the registered agent and/or registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	ant address
	, Flor City	ida Zip Code
New Registered Agent's Signature, if changing Registers	•	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM =	MGRM = Managing Member				
Title	Name	Address	Type of Action		
			Add		
			Remove		
		*			
					
		_	Add		
			Remove		
		-	TALL AHAS		
			Add T		
			Remove		
			Remove ORILL ORILL		
			3		
		<u> </u>	Add		
		***	Remove		
		- 	Add		
			<u></u> 1		
		***	Remove		
			Add		
			Remove		

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	Siptimber 4 2013
	10 DE ARTHURTIS
	Signature of a member or authorized representative of a member
	Kerth Stolzp-berg
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 SEP -5 AM 10: 34